

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7-5-00</u>		2 Serial/Patent # <u>09533798</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>718.10</u>							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>718.10</u>							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">4</td> <td style="width: 20px;">1</td> </tr> </table>			1	9	--	0	7	4	1
1	9	--	0	7	4	1					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Valerie Kinard</u>			TITLE: <u>Saf</u>								
SIGNATURE: <u><i>Valerie Kinard</i></u>			PHONE: <u>305 3974</u>								
OFFICE: <u>O.I.P.E.</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>7/21/00</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: